12-5-07

PART B - FEE(S) TRANSMITTAL

omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

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FIRST NAMED INVENTOR

DEC 0 4 2007

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of a

23628

APPLICATION NO.

7590

09/18/2007

WOLF GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE BOSTON, MA 02210-2206

12/06/2007 SSESHE2 00000008 10811113

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1440.00 OP

FILING DATE

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CONFIRMATION NO.

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name
(Signature
(Date

ATTORNEY DOCKET NO.

10/811,113	03/26/2004		Colin Scott Ramsay W0583.70014 U			9227		
TITLE OF INVENTION	N: CONTROLLER AND	A POWER SUPPLY MO	ONITOR AND SEQUENC	ER INCLUDING SUCH	A CONTROLLER			
		•	•					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	7	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/18/2007		
EXAM	MINER	ART UNIT	CLASS-SUBCLASS]				
PEIKARI	, BEHZAD	2189	713-340000	-				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		or agents OR, alternati (2) the name of a single registered attorney or	o 3 registered patent attornively, le firm (having as a membagent) and the names of usorneys or agents. If no names of the same of the sam	neys I	WOLF, GREENFIELD & SACH			
PLEASE NOTE: Ur recordation as set for	nless an assignee is ident th in 37 CFR 3.11. Comp		THE PATENT (print or tyldata will appear on the part a substitute for filing an	•		ument has been filed	for	
(A) NAME OF ASSIGNEE Analog Devices, Inc.		Norwood,						
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛣 Corporat	ion or other private group	p entity 🔲 Governm	ent	
4a. The following fee(s) Alssue Fee	are submitted:	4	b. Payment of Fee(s): (Plea	ase first reapply any prev	viously paid issue fee sh	own above)		

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Payment by credit card. Form PTO-2038 is attached.

Steven J. Henry Typed or printed name _

Registration No.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23/2825(enclose an extra copy of this form).

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce. P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Publication Fee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies

The Distance of the last	§)		U.S.	Patent and T	Approved for use t	J.S. ĎEPARTME	NT OF COMMER	
Paperwork Reduction Act of 1995, no person are require				ired to respond to a collection of information unless it displays a valid OMB control number of the complete if Known					
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/811,113-C					
FEE TRANSMITTAL			Filing Date		March 26, 2004				
			First Named Inv	entor	Colin Scott Ramsay				
	For FY 20	<u>800</u>		Examiner Name		B. Peikari			
Applicant cla	aims small entity stat	us. See 37 CFR 1.2	27	Art Unit 2189					
TOTAL AMOUNT OF PAYMENT (\$) 1,440.00				Attorney Docket	No.	W0583.70014US00			
METHOD OF P	AYMENT (check	all that apply)			-	· · · · · ·			
X Check Deposit Accou	Credit Card	Money Order	Noi /2825	<u> </u>	please identi	_{fy):} Wolf, Gree	nfield & Sac	cks, P.C.	
For the ab	ove-identified depo	sit account, the E	Director is	s hereby authorize	ed to: (che	ck all that apply	·)		
Char	ge fee(s) indicated	i below		Charg	e fee(s) in	dicated below,	except for the	e filing fee	
	ge any additional f) under 37 CFR 1.		ments o	f x Credit	any overp	ayments			
FEE CALCULA	TION								
1. BASIC FILING,							_		
Application Type		LING FEES Small Entity Fee (\$)	SE.	ARCH FEES Small Entity Fee (\$)	EXAMII Fee (\$)	NATION FEE: Small Entity Fee (\$)		aid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM	/I FEES						Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 2	O (including Reiss	ues)					<u>ree (\$)</u>	25	
Each independent	•	-					210	105	
Multiple depender		,					370	185	
Total Claims 38 - 46 HP = highest number	Extra Claims 6 = of total claims paid for	Fee (\$) x = r, if greater than 20.	Fee I	Paid (\$)		ultiple Depende ee (\$)	dent Claims Fee Paid (\$)	1	
Indep. Claims 2 - 6	Extra Claims = of independent claims	Fee (\$)		Paid (\$)					
3. APPLICATION If the specification listings under		sceed 100 sheets the application si	of paper ze fee du)(G) and	ie is \$260 (\$130 t	for small e	ntity) for each	additional 50	Paid (\$)	
	100 =			(round up to a who			=		
4. OTHER FEE(S)			ntity dies	eount)		•	Fees	Paid (\$)	
	e filing surcharge)						1,44	40.00	
SUBMITTED BY									
Signature	SM		-	Registration No.	27,900	Telephone	(617) 646	3-8000	

Express Mail Label No. EM 039 353 088 US Dated: December 4, 2007

Date

Name (Print/Type)

Steven J. Henry

December 4, 2007